1958

A FIVE YEAR REVIEW

of activities by

THE ALCOHOLISM FOUNDATION OF ALBERTA

A Fifth Anniversary

Outline of Development,

A[illegible] and Plans

for [illegible]Programming

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1953

AWARENESS · KNOWLEDGE · UNDERSTANDING

PREVENTION

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A Fifth Anniversary
Outline of Development,
Accomplishment and Plans
for Alcoholism Programming
in Alberta

AWARENESS · KNOWLEDGE · UNDERSTANDING

PREVENTION

Released April, 1959

Calgary Centre
737 - 13th Avenue, S.W.

Edmonton Centre
9910 - 103rd Street

Provincial Administrative Offices—Edmonton, Alberta
Mr. J. George Strachan, Executive Director

THIS FIVE YEAR REVIEW OF ACTIVITIES

A PUBLICATION OF

THE ALCOHOLISM FOUNDATION OF ALBERTA

COVERING THE PERIOD

JULY 1953 through DECEMBER 1958

IS

RESPECTFULLY DEDICATED TO

All those whose foresight and combined efforts to initiate a program on alcoholism resulted in the establishment of this Foundation.

Mr. George Cristall
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Mr. R.J. Dinning
Mr. Gerry Gaetz
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INTRODUCTION

Early this spring an article by Dr. Selden Bacon was published in a leading New York newspaper. The author referred to alcoholism as "one of the greatest problems of American society, effecting directly or indirectly more persons, more dramatically injuring societal structure, and entailing much greater costs than any of the other ills receiving concentrated attention from private groups and foundations, or local, state and federal governments. In spite of the seriousness of the problem, the attack upon alcoholism receives relatively little private or governmental support. Where other major health problems are at least respectable - we do not laugh about polio, nor curse and jail the sufferer from tuberculosis (unless he is also an alcoholic) - alcoholism is usually hidden, denied, derided, and mislabeled."

That alcoholism is 'dramatically injurious' and widespread must be accepted as self evident. However the true dimensions of the problem are obscured in part by the misconceptions, stigma and concealment which in the past have plagued such illnesses as tuberculosis, venereal disease and "lunacy". In the opinion of Dr. Wm. C. Menninger, "a national emergency would be declared if alcoholism were a communicable disease." Thus, in the words of authorities not given to alarmist or inflationary outcries, the problems of alcoholism - cause, remedy and ultimately prevention - require measures comparable to those which have proven effective in other areas of medico-social disorders.

Where no action, or only a punitive approach has been initiated, it may be fairly concluded that public indifference or official lethargy is responsible.

In some areas, the sole remedial activity has been undertaken by those whose motivation and approach is primarily moralistic. Such selfless intent is entirely commendable but the record of accomplishment by individuals and organizations employing this technique reflects readily acknowledged limitations.

The advent of Alcoholics Anonymous has provided most communities with a resource of most potent influence. The role of AA in the rehabilitation of problem drinkers is unique in its own right, and has proven almost indispensable when used conjunctively with other approaches. However, the variable composition of individual groups and the nature of the fellowship precludes effective activity in every facet of the problem.

In 1951 The Alberta College of Physicians and Surgeons voiced the growing concern of the profession for the long neglected social disease which was becoming recognized as a legitimate medical responsibility. They appointed Dr. J. Donovan Ross (later President of The Alcoholism Foundation of Alberta and now Minister of Health) to survey existing North American Programs and make appropriate recommendations. The eventual conclusion was that a private agency should be established with substantial assistance from provincial health grants but to function free of official controls.

The Premier, The Honorable Ernest C. Manning, and the government at large proved to be in full accord with the proposal. By September 1951 The Alcoholism Foundation of Alberta was incorporated, and in July 1953 the operational program was initiated.

Sincere tribute must be paid to the many community leaders who worked diligently toward the establishment of high quality 'non controversial' approaches to a very controversial illness.

It was decided, with the assistance of Mr. J. George Strachan, the newly appointed Executive Director, to provide facilities for an integration of treatment, education and research activity toward the total problem. The long term objective was to be the prevention of alcoholism through the promotion of new awareness, knowledge and understanding of the problem.

Major effort during the ensuing years was of necessity assigned to treatment, for it is illogical and indefensible to deny assistance to those already afflicted. However, the original plan to offer educational and research services to the community was not neglected.

The following five year review of Foundation accomplishment and plans well reflects the reason for the widespread recognition which has been accorded Alberta's approach to alcoholism.

PRINCIPLES AND OBJECTIVES

The principles upon which The Foundation was conceived, and those which have evolved during five years of actual operation may be simply and concisely stated as follows:

(a) When a disorder is so prevalent, destructive and costly as alcoholism, with clearly defined and progressive symptomatology, apparently beyond the power of unaided self control, society is faced with an illness constituting a major public health problem.

(b) Alcoholism can be successfully treated.
Alcoholism must be successfully treated.
Alcoholics are worth treating.

(c) Individuals afflicted with the illness, those primarily or secondarily affected, and others desirous of assistance shall be extended equal service, regardless of age, sex, race, creed or status.

(d) Service will be extended without charge, except to the extent that a nominal fee may prove therapeutically beneficial in the treatment process. The ability to discharge such financial responsibility shall not be a factor in the extension of service to the patient.

(e) The Foundation shall maintain a non-controversial position with respect to problems of alcohol per se.

The following Foundation objectives are in fact only practical steps toward the fulfillment of the ultimate goal - prevention:

(a) To investigate public need, establish a body of factual knowledge and otherwise indicate the nature, extent and direction of remedial action.

(b) To recruit and train the highest calibre personnel from all disciplines to provide well integrated service to the community.

(c) To provide facilities for the advice and assistance to families, relatives, employers and others directly concerned with the welfare of those afflicted with the illness.

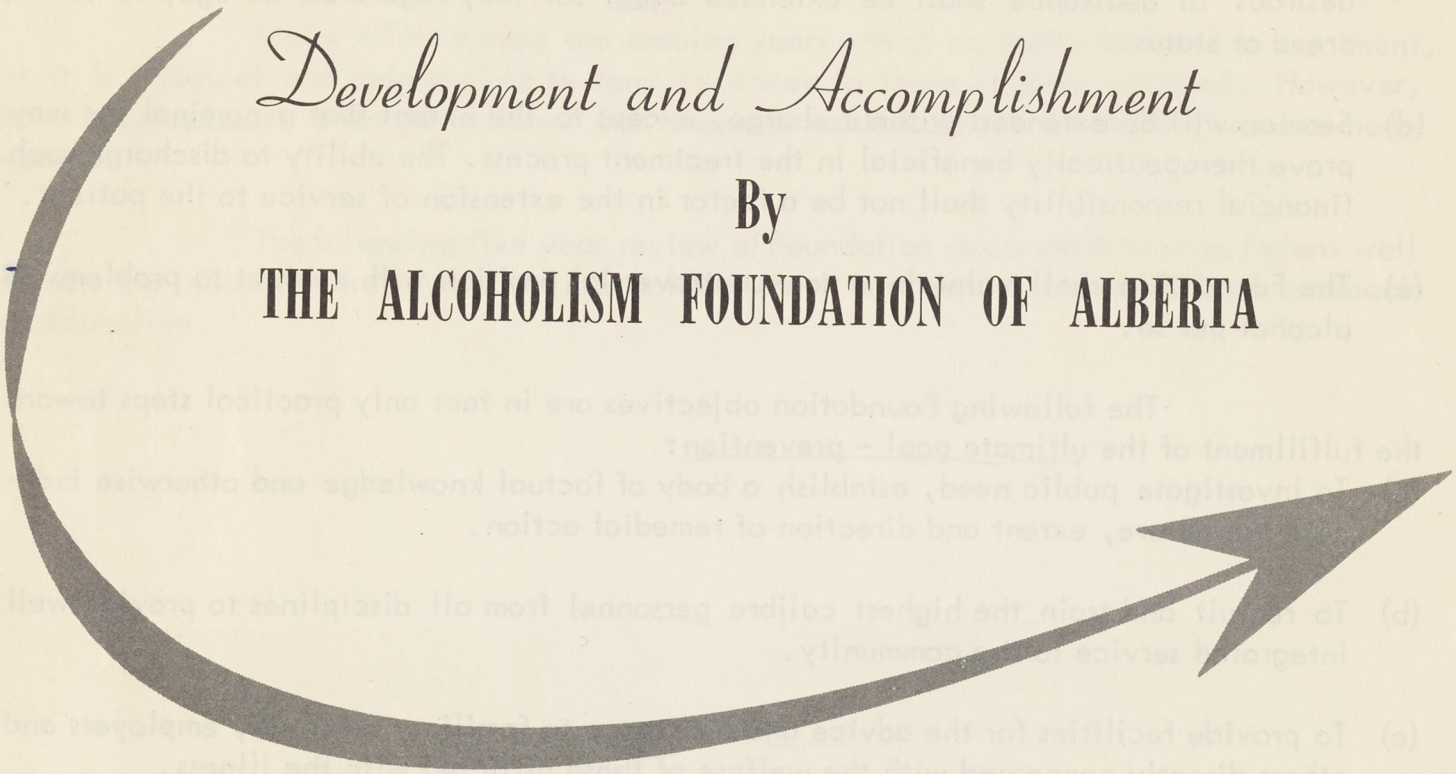
(d) To provide facilities for the treatment and continuing rehabilitation of those afflicted with the illness.

(e) To promote awareness, knowledge and understanding of alcoholism in every area, level and segment of society.

(f) To assist individuals, groups and organizations to assume responsibility for constructive, self sustaining and correlated action throughout the province.

Each of the foregoing objectives has in some measure been realized and the pattern for further advance has been identified. It now remains our responsibility to implement and prove the validity of long considered plans.

A Fifth Anniversary Review of Development and Accomplishment



By

THE ALCOHOLISM FOUNDATION OF ALBERTA

ADMINISTRATION

The general administrative structure of The Foundation has much in common with the organization of a smooth functioning corporation.

The Board of Directors and Executive Committee are elected annually by the membership and must act within the framework of member approved bylaws.

The Executive Director is appointed; is responsible to the Board, and in turn is responsible for and has sole authority over all operational personnel. However, much of this responsibility and authority is delegated to 'department heads' who supervise and co-ordinate services.

In addition to a measure of co-operative internal administration, the Executive Director is assisted by Advisory Committees in the special fields of treatment, education, research and finance. Each of these voluntary groups contribute skills and balances without which an effective program could not be maintained.

It may be safely assumed that sound administrative policies are an essential prerequisite to a promising record of actual or potential accomplishment. That the general policies of The Foundation have proven sound may be substantiated by the following outline:

(a) That the College of Physicians and Surgeons provided the initial stimulus for The Foundation is perhaps unique and fortunate. That excellent rapport has been developed and maintained with the medical profession throughout the province is the result of careful planning and activity specifically designed to attain this goal. The benefits derived from the enthusiasm and support of the profession are virtually beyond measure.

(b) That the Premier, Cabinet and Members of the Legislature endorsed the principle of a private, though provincially funded organization, may also be viewed as fortunate. That their interest and wholehearted support throughout the five year pilot period has been justified and strengthened reflects non-partisan endorsement of a program benefiting all Alberta. The substantial annual grant maintained from the Foundation's inception is gratifying tangible evidence of this position.

(c) In addition to the support so successfully cultivated in medical and political spheres, The Foundation has earned respect throughout all areas of the community. This enviable record is not solely attributable to the nature and extent of services rendered, for accomplishment itself can be a source of distrust and conflict if achieved in an atmosphere of competition. There is no doubt that the 'non-controversial' position maintained by The Foundation has facilitated smooth relations with other agencies, and in particular it has enabled us to avoid the encumbrances imposed by alignment with extremists favoring or opposing alcohol per se. This fine balance of calculated neutrality allows a singleness of purpose which is respected in circles whose animosity or outright opposition would prove an effective obstacle to progress.

(d) One practical proof of sound administration may be found in budgetary control. It is with justifiable pride that The Foundation may exhibit its audited financial statement,

which despite the unpredictable receipt of voluntary donations approaching one third of total income, reveals operational expenditures within 1% of the estimated budget.

(e) A further index of general accomplishment is the international recognition accorded The Foundation's total program. Evidence of this position, attained in the brief span of five years, is provided directly by the tributes paid by world authorities, and indirectly by the frequency of requests for advice, assistance and staff participation in other programs throughout the continent. Individual staff members are, of themselves, and with Foundation encouragement, active in a wide variety of community and national organizations. The Executive Director, Mr. J. George Strachan, is presently Secretary of the Canadian Council on Alcoholism, and Vice-President of the North American Association of Alcoholism Programs.

These and other indices of basic program strength are a reflection of planning, supervision and control, rather infrequently enjoyed by service agnecies generally. However, the translation of that which is theoretically desirable into that which is practically attainable rests in large measure upon the ability and devotion of staff members.

Careful selection of highly qualified and promising staff is essential; special training under Foundation auspices if often necessary; but day by day employment conditions are the key to the continuity of successful operation. Alcoholism is an unimaginably costly social burden, and its challenge can not be met by administrative practices which deny the realities of competition from other more established occupations.

Foundation employees enjoy basic working conditions which are equal or superior to every comparable agency. Life and health insurance plans are in effect on a shared basis; salary, vacation and sick leave arrangements are attractive. The total working environment must be considered a credit to the field of public service.

The location and physical accommodation of the Edmonton and Calgary Centres have been deliberately chosen to avoid identification with traditional charitable or welfare institutions. The interior appointments are warm and comfortable in order to de-emphasize the methodical professional routine which underlies the rehabilitative process.

TREATMENT SERVICES

To many, the long range goal of prevention suggests only research, education, moral injunction or legislative control. Each of these approaches, regardless of motivation, may not in conscience disregard those in immediate need. The Foundation's first responsibility must always be to ensure service to those directly and indirectly affected by the existing inroads of the illness.

In Alberta, it appears likely that more than 30,000 persons experience severe personal health, financial, marital, vocational and other losses due to alcoholism. If the behavior of each problem drinker involves an average home unit of four, plus relatives, employ-

ers, friends, and ultimately agencies and the law, the magnitude of the illness assumes destructive proportions far exceeding those of more highly publicized and 'acceptable' disorders.

To meet the needs of those already afflicted by alcoholism, The Foundation has developed physical facilities, staff, and counselling techniques that have proven effective in a measure beyond that which was first anticipated. To date, files on 3,500 problem drinkers have been opened. More than 1,200 patients have been exposed to that degree of treatment which warrants the term 'case status', over half of whom may be considered in some stage of recovery. Thus more than 600 alcoholics have been assisted to a more stable, productive, and responsible position in the community.

The treatment process for the individual patient is conducted by a team including doctor, nurse, consulting psychiatrist, psychologist, and social worker, some of whom have personal experience as recovering alcoholics. The initial contact is conducted by a worker skilled in assessing immediate physical and emotional needs. A social development and medical history is compiled and each patient's needs and resources are discussed in regularly scheduled treatment staff conferences. A permanent counsellor is assigned to work through the practical problems of readjustment attributable to and associated with the drinking situation. These face to face guidance sessions are supplemented by concurrent service to the family, friends, employers, and others wherever possible. The patient and spouse are encouraged to attend evening therapy meetings. During the first series of six meetings, those in attendance are assisted to understand the true nature and progression of alcoholism; the 'intermediate' and 'advanced' sessions approach the usual concept of group therapy since patient participation is stressed in the resocialization goal. Self reference focused upon drinking problems per se broadens into a new understanding of attitudes and behavior related to all intra-personal relations.

Throughout treatment, the patient is encouraged and aided to accept the essential long term support of Alcoholics Anonymous. In some instances referral to suitable sponsors or groups is effected with remarkable ease. In other cases it is necessary to persist for many months before the patient feels prepared to accept comfortably and without reservation the association which exceeds the time, staff and geographical scope of Foundation resources.

Just as the records over the past five years indicated that 'house calls' and 'emergency' medical service are neither as necessary nor productive as was first supposed, so has experience resulted in considerable modification of The Foundation's welfare and financial policies.

All patients are accepted without regard to social or employment status, but as the result of careful study, it has been found that gratuitous treatment, free medication and liberal welfare grants are not positively corelated with successful rehabilitation. A nominal service fee of ten dollars is assessed to each patient, and wherever possible, payment for medication is received at the time of issue. Welfare assistance is extended on the basis of demonstrated sincerity of motivation and need, which may not be more appropriately met through referral to other agencies. While this policy has proven to be an effective deterrent to those who habitually abuse all forms of assistance, it in no manner precludes treatment to any individual genuinely desiring Foundation services.

There is a need for charitable activity for some destitute alcoholics, many of whom may require an extended period of treatment in a relatively protected, supervised environment; but the number of such persons is eclipsed by the acknowledged and hidden problem drinkers not yet handicapped by extreme physical or social deterioration.

Since 1953 certain interesting trends relating to patient intake may be observed. The proportion of female applicants for treatment has almost doubled, and their mean age has risen progressively from 36 to 43 years. The age of male patients has shown only minor fluctuations around a mean age of 40 years. There has been a tendency for fewer single, separated or divorced persons to seek treatment with a corresponding increase in the number of married applicants. No statistically significant trend can be identified with respect to socio-economic characteristics of patients, but there is evidence to suggest that those seeking treatment are doing so at earlier stages in the progression of their illness. The degree of co-operation by the patients' spouse, as reflected by the increasing number of couples attending group therapy sessions, is perhaps an indication that alcoholism is becoming more widely accepted as an illness requiring shared responsibility for rehabilitation.

Referrals from Alcoholics Anonymous has continued to be the largest single source of new patient contacts, while the increase in referrals from medical practitioners to 20% of intake in 1958 is quite significant.

As further experience is gained, new skills and treatment aids are developed, and wider recognition of the assistance available is achieved, it becomes clear that the treatment program will play an increasingly important role in alleviating the alcoholism problem in Alberta.

EDUCATIONAL SERVICES

The provision of a successful treatment program to meet individual needs is a practical necessity which contributes indirectly to the achievement of the ultimate goal -- prevention. However, the Educational Department extends services primarily aimed at the establishment of a new awareness and understanding of the total problem. It is the written and spoken word directed to every segment of society that is destined to dispel public apathy and resistance to constructive action.

The first task is to build a new concept of alcoholism among those afflicted with the illness and among those secondarily affected by it. The individual alcoholic must be provided with information which enables recognition and acceptance of the problem as a treatable illness. Concurrently, the alcoholic's family, employer and others within his immediate sphere of life must be assisted to understand the true nature of the disorder and what must be done both immediately and in the future. At the same time, those less personally involved - friends, physicians, ministers, police and the public at large - must be encouraged to adopt new attitudes and employ skills appropriate to the problem.

In brief, the entire fabric of prejudice, stigma, fallacy and condemnation associated with the traditional approach to alcoholism must be rewoven on the basis of actual knowledge, tolerance and shared responsibility.

The extent to which this educational objective has been achieved cannot be precisely measured, but there is sufficient evidence to favor the continuance and broadening of activities.

Literature:

At the outset of programming, booklets, pamphlets, and other basic information pieces were largely drawn from established sources; however, as rapidly as budget and experience would permit, The Foundation created new materials more appropriate to the local scene. With the addition of multilith equipment the cost and flexibility of publication became such as to permit a fresh approach to education through the printed word. To date, more than 190,000 pieces of literature have been distributed, and republishing rights have been granted to programs as far distant as England, South Africa and New Zealand.

Public Talks:

The Foundation maintains a 'speaker's bureau' to service the requests of clubs, associations and, in fact, any group who evidences interest in alcoholism. Approximately 650 talks have been given, with an attendance of more than 31,000 persons. The popularity and effectiveness of this educational medium actually creates a dual problem: there is a practical limit to available time and budget to satisfy the demand; and each talk stimulates patient intake to a point which severely strains our treatment resources. Thus we have a further illustration of the need for correlated programming. The speed with which the ultimate aim of prevention will be attained depends largely upon new public attitudes, yet overemphasis of this single facet is unrealistic. A prime administrative function is to assure the concurrent development of treatment, educational and research activity to assure long term total success rather than isolated and unbalanced flashes of unsustained enthusiasm.

Forums, Seminars and Training Courses:

The provision of general talks to an interested public must be supplemented by more advanced services to special interest groups. To this end, The Foundation has conducted three 'Forums' in conjunction with the Extension Department of the University of Alberta. The success of these major undertakings is largely attributable to the presence of Yale University personnel and leading Canadian and American authorities from other centres. The published proceedings of the first such meeting gained international recognition as a general resource manual of exceptional merit.

Advanced instruction on an even more specialized basis is provided through seminars, training courses and orientation lectures to physicians, internes, nurses, personnel officials, social workers, correctional officers, and others who must deal with alcoholics and problem drinking situations in the normal course of their routine work.

Again the obstacles of limited time and budget are encountered, but the obvious advantages and popularity of this service requires its continuance.

Radio and Television Programs:

More than 200 audio-visual presentations have been made by or on behalf of The Foundation through the generous co-operation of Alberta broadcasters. The potential audience to be reached by this means, particularly in a Province where the population is so widely dispersed, suggests that even wider use of radio and television media is warranted.

Library Services:

The Educational Department maintains one of Canada's most complete collections of books, journals, periodicals and pamphlets on the subjects of alcohol and alcoholism. The publications, together with films, slides, tapes and records, are available on a loan basis to individuals or groups throughout the province. Reference services are extended to students and others seeking information of a factual nature. Each request for assistance is accorded high priority without regard to the apparent motivation or complexity of the query. There has been an observable trend toward increased interest in the illness, and a decrease in emphasis upon alcohol per se. Questions concerning popular falacies and conflicts resulting from the abuse or misinterpretation of statistics are still encountered, but the majority of requests now reflect a more constructive attitude toward alcoholism.

MEDICAL SERVICES

Since alcoholism is an illness embodying physiological, psychological and social factors, it is clear that there are several areas where treatment must be directed. Because these problems are multiple and not exclusively physical, medicine represents but a single role in a well planned and strongly integrated program of therapy.

In each Centre of The Foundation, the Medical Department provides a full time nurse, a part time physician and a consultant psychiatrist. Therefore, the patient has available to him complete out-patient medical services. Most patients are seen by the physician as well as by the nurse. Medical examinations are routine and proper medications prescribed whenever indicated by the physician. As a general rule, medical complications of alcoholism and non-specific functional complaints are treated by The Foundation medical staff.

Disease states which are unrelated to alcoholism are referred to the patient's family physician whenever possible. The Foundation recognizes the important role played by the family physician. Therefore, The Foundation makes every effort to co-operate with him and seeks to achieve his support and understanding in dealing with alcoholic patients. Foundation physicians are utilized on a consultative basis by many members of the medical profession when dealing with problem drinking situations. They serve also on screening committees for admission of alcoholics to some hospitals. The total utilization of their services is consistently increasing.

While the role of the medical staff is but one facet of total treatment, it is a most vital one. Major emphasis in treatment at The Foundation is directed toward the post

-drinking phase at which time the patient is recovering - or has recovered from - gross hangover. The sum total of Foundation programming is one of counselling, supportive psychotherapy, education and co-operation, with the efforts extended by Alcoholics Anonymous. This, perhaps, is the most important phase of treatment with any alcoholic.

As an out-patient clinic, The Foundation does not possess facilities for twenty-four hour care. It recognizes that the acutely ill alcoholic is best treated within the confines of his home or in a hospital. The Foundation is cognizant also of the fact that but few cases require hospitalization. Because of these facts and because of limited facilities, The Foundation medical staff offers only consulting services to many patients. Fewer severely distressed and physically sick patients have been seen during the past year, since patients and referral agencies better appreciate these limitations.

Though sedatives and tranquilizers may be necessary to alleviate withdrawal symptoms during the acute phase, their use is discouraged immediately thereafter. Exceptions to this policy do occur, but they are rare. Both physician and counsellor work closely on any case receiving medication on a continuing basis. Also, while deterrent drugs, such as Antabuse and Temposil have been used in certain specific cases, their use is not general policy. Vitamins, however, are used extensively.

During 1955 and 1956, clinical observations were made in order to evaluate the relative effect of various medications introduced to assist in the management of hangover and post-drinking states. These studies proved to be of value not only in deciding the relative merits of certain drugs, but also in formulating policy with respect to the use of, and need for, medical therapy on acute or semi-severe conditions. The experience gained as a result of working with patients at The Foundation proved valuable in developing a Medical Treatment Booklet published and distributed by The Foundation in conjunction with a scientific display prepared for exhibition during the 1957 meeting of the Canadian Medical Association in Edmonton.

In addition to patient responsibilities, the Medical Department participates extensively in educational activities which relate to the profession. It is recognized that doctors, nurses, internes, nurses aides and others require special instruction which, in large measure, must emanate from those not only qualified, but recognized in their specific field of practice. Efforts manifested by The Foundation staff in this respect have, we believe, been remarkably successful. There has been a steady increase of patient referrals from medical sources.

RESEARCH SERVICES

Problems of alcohol and alcoholism are probably as old as society itself, consequently a vast body of practical experience, opinions, attitudes and biases have accrued. The related stereotyped concepts, trite expressions, and sweeping generalities must be viewed as falling somewhat short of factual knowledge, and the all too common acceptance of these false notions has perpetuated a problem of immense proportion. If alcohol and alcoholism are to be dealt with on a realistic plane, the approach must be preceded by, and constantly

re-examined by, research studies of the highest professional order.

While alcoholism is a subject plagued by misconception, it is closely rivaled by the lay concept of 'research'. White coats, test tubes, electronic calculators, and an unintelligible vocabulary typify the caricature of scientific inquiry. However, the quiet, cautious labor to seek and apply knowledge takes many unspectacular forms. One of the least publicized aspects of research is the preparatory organization and planning essential to a sound program of systematic investigation.

With the creation of a Research Associate's position in 1955 it became possible to commence a careful evaluation of that which had been accomplished.

'Research' in the sense of internal assessments, with the initiation of clearly defined terms, objective criteria and orderly procedures has been largely achieved for all departments. An example of this type of contribution is represented by the total revision of the patient history file folder, together with a policy and procedure manual for its use. Concurrently with this project, it was necessary to institute new standards for determining patient 'case status' and to modify the methodology employed in calculating response to treatment.

'Research' activities, as they apply to the day by day operation of other departments, provide a range of service of proven value, but this accomplishment may be accorded recognition only in terms of the 'team approach.' Tasks undertaken with and for Administration include the preparation of Annual and other routine reports; assembly of special reports, such as those concerning proposed liquor control legislation; the Belmont Rehabilitation Centre; and submission of briefs on various phases of program development. Analysis of statistical data and critiques on diverse subjects are required for use by Educational Services; while close co-operation with the Treatment Department is necessary to develop aids to therapy and isolate trends of significance in modifying approaches.

In addition to the basic evaluation and standardization projects, and the daily routine of inter-departmental co-operation, there has been the continuing task of planning for the future. Pilot studies, such as an analysis of "Beverage Alcohol Consumption Trends in Alberta", have been undertaken in part to test and establish rapport with various community resources. A large number of specific projects have been outlined for consideration when adequate budget, staff, equipment and physicial facilities are made available. Extensive submissions have been made to government agencies, philanthropic foundations, and industrial groups in an effort to obtain diversified support for research.

With the near completion of planning and organization, The Foundation is now assured of a sound basis from which to enter the operational phase of research.

THE ALCOHOLISM FOUNDATION OF ALBERTA

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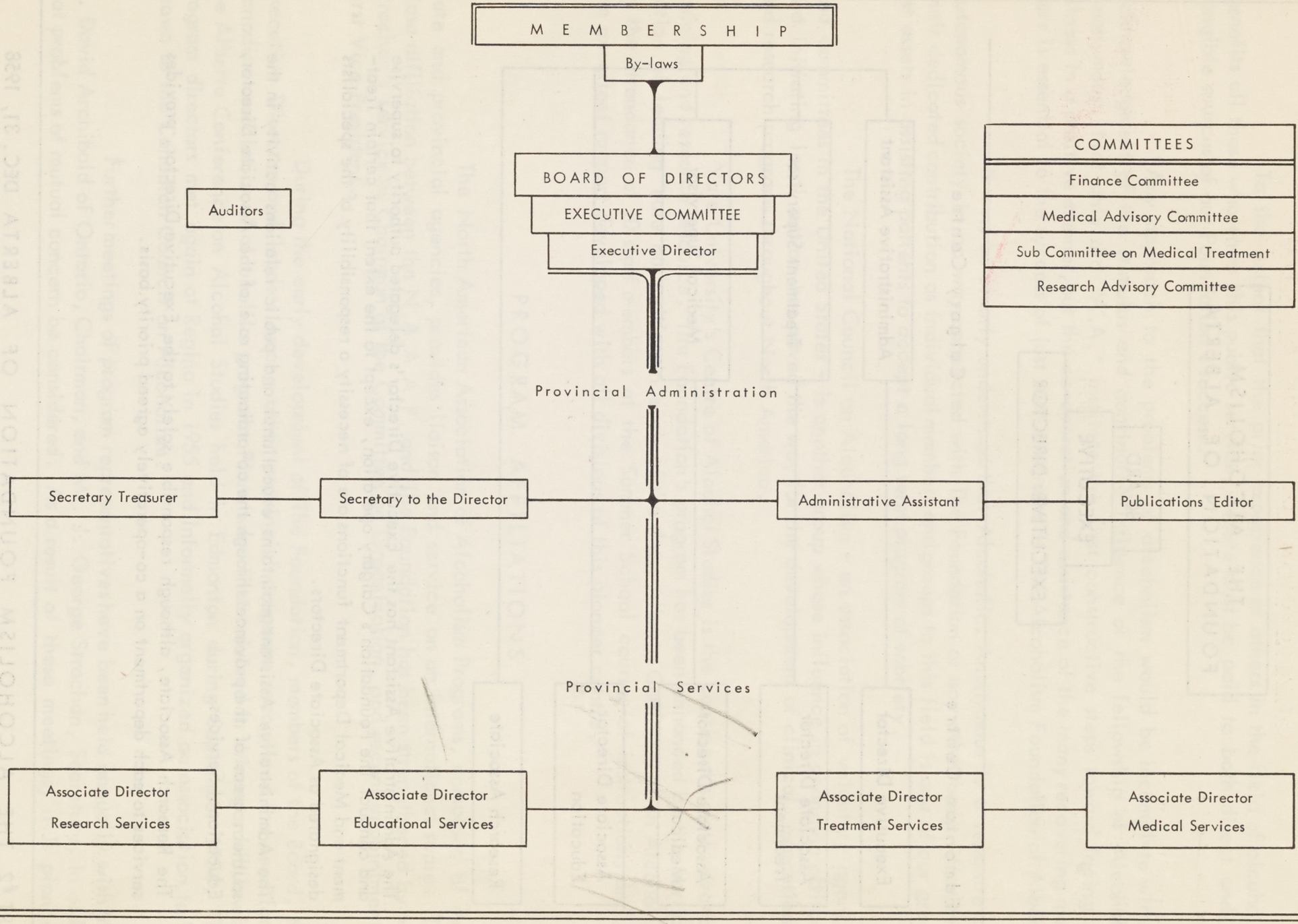
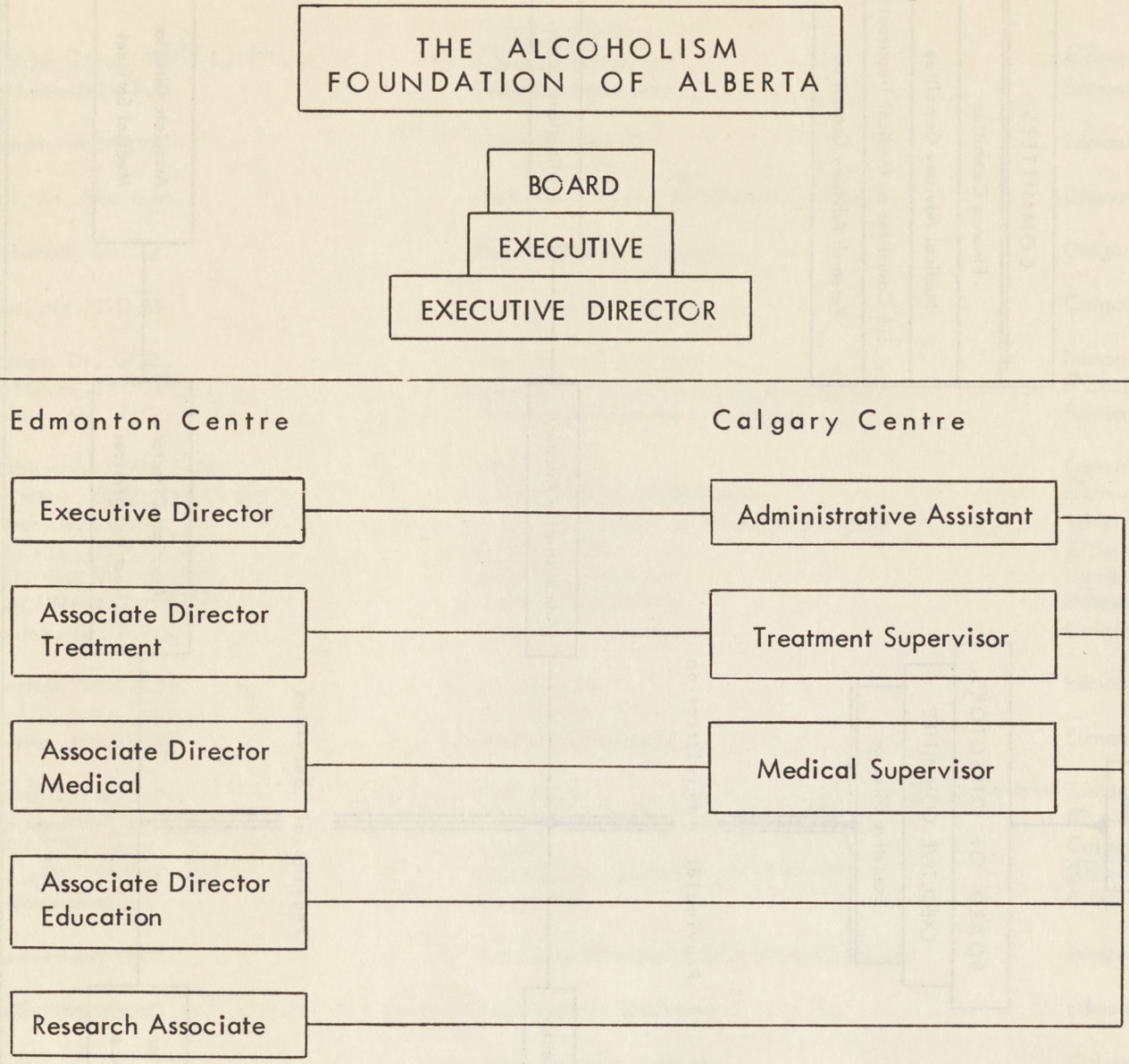


CHART #1 THE ALCOHOLISM FOUNDATION OF ALBERTA

BASIC ORGANIZATIONAL STRUCTURE DECEMBER 31, 1958



The Administrative Assistant has the Executive Director's delegated authority to supervise and conduct The Foundation's Calgary operation, except to the extent that certain Treatment and Medical Department functions are of necessity a responsibility of the specialists designated as Associate Directors.

The Administrative Assistant maintains educational and public relations activity in the southern areas of the province through the co-ordinating role of the Associate Director, Educational Services.

The Research Associate, although responsible solely to the Executive Director, provides services to each department on a co-operatively agreed priority basis.

CHART #2 THE ALCOHOLISM FOUNDATION OF ALBERTA DEC. 31, 1958

ACKNOWLEDGMENTS

To the extent that the prior experience of others in the field of alcoholism benefits all those who enter this public service, tribute must be paid to both direct and intangible sources of our Foundation's success.

Any approach to the problems of alcoholism would be incomplete without acknowledgment of the stimulus and continuing influence of the fellowship of Alcoholics Anonymous. Not only did "A.A." institute the first constructive steps toward facing the illness in a positive manner, but the co-operation and assistance of the many recovering members is essential to the success of just such programs as The Alcoholism Foundation of Alberta.

It must be clearly understood that Alcoholics Anonymous is a separate and autonomous society in no way connected with The Foundation or any other body. However, their dedicated contribution as individual members and groups to this field is one of our greatest assets in assisting patients to accept a long term program of sobriety.

The National Council on Alcoholism - an association of voluntary agencies and committees in the United States - is another group whose influence in changing attitudes and initiating local action has paved the way for the development of clinical, educational, and research programs throughout North America.

Yale University's Centre of Alcohol Studies is the continent's most advanced training and research resource. The Foundation's program has been enhanced by the participation of leading Yale authorities in each of the three Alberta Conferences on Alcoholism; by the attendance of 10 staff members at the Summer School courses of instruction, and by the excellent rapport developed with all divisions of this pioneer centre.

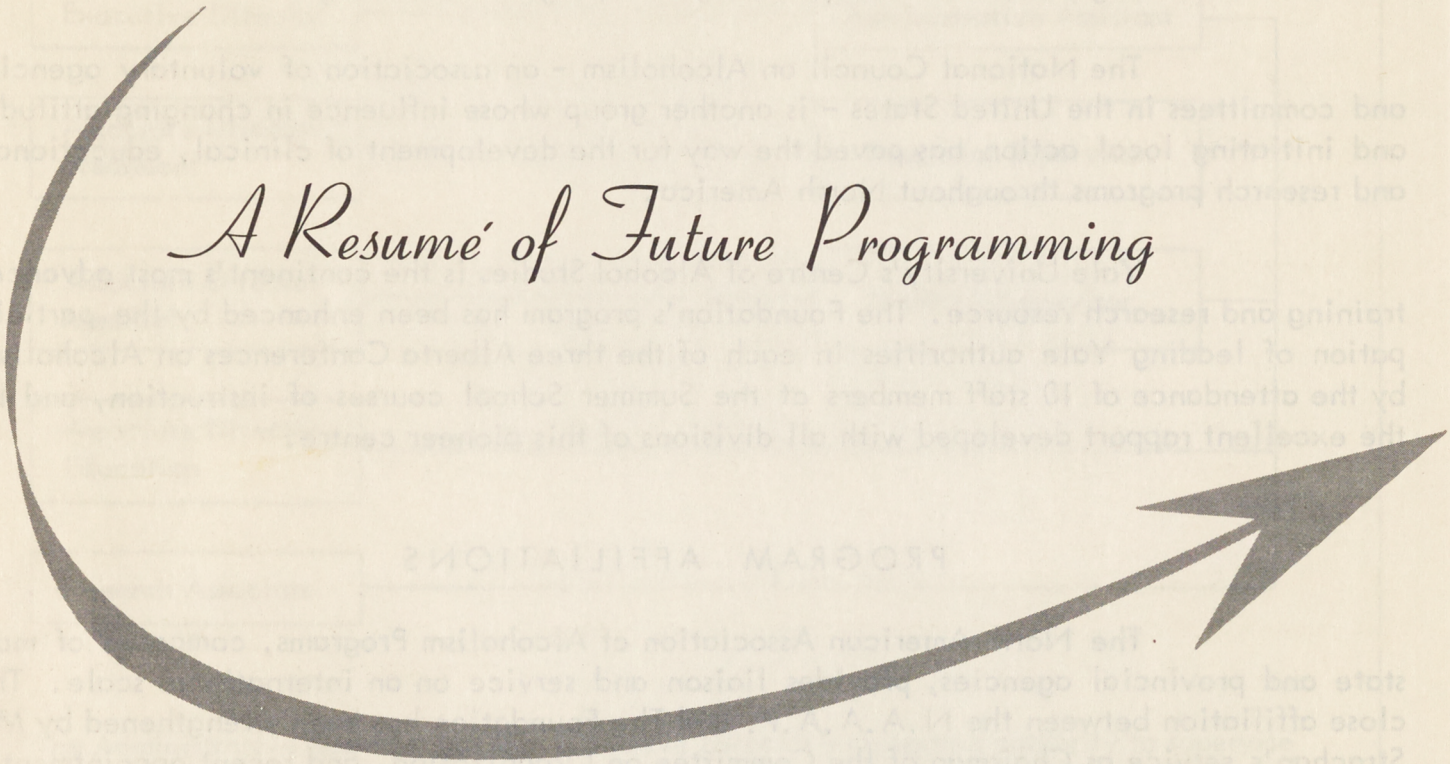
PROGRAM AFFILIATIONS

The North American Association of Alcoholism Programs, composed of most state and provincial agencies, provides liaison and service on an international scale. The close affiliation between the N.A.A.A.P. and The Foundation has been strengthened by Mr. Strachan's service as Chairman of the Committee on Organization, and recent appointment as First Vice President.

During the early development of The Foundation, members of the Board, the Executive Director and leaders among other provincial programs recognized the need for a Canadian association of alcoholism programs. Plans were first resolved in this regard following the Alberta Conference on Alcohol Studies held in Edmonton during September 1954. The program directors met again at Regina in 1955 and informally organized an association to be known as the Canadian Council on Alcoholism.

Further meetings of program representatives have been held annually with Mr. H. David Archibald of Ontario, Chairman, and Mr. J. George Strachan, Secretary, in order that problems of mutual concern be considered. As a result of these meetings, it is planned

that the Canadian Council on Alcoholism be formally constituted and incorporated during 1959. The bylaws of the Council provide for the establishment of a Board of Trustees, with advisory and operational committees, to promote interest in objective approaches to the problems of alcohol and alcoholism, including the receipt and distribution of special funds to augment research and educational activities by its member programs.



FUTURE PROGRAMMING

The foregoing outline of development and accomplishment during The Foundation's first five years of service reflects a record comparable to the best in North America. It is conceivable that present activity could be maintained at this plateau without incurring public disfavor. However, it is our sincere belief that the potential of alcoholism programming in Alberta is only now on the threshold of recognition. Great strides have been made, but they are almost insignificant in terms of what remains to be achieved, therefore a static rather than progressive approach is untenable. The responsibility for increased public service is clear and, in view of widespread public requests for additional service, our program expansion should not be deferred.

In several instances, exploratory studies and pilot projects have already been undertaken to assess the urgency and feasibility of implementing long considered plans. The following section outlines some of the major items to be faced during the ensuing period.

ADMINISTRATION

(1) Constant evaluation of The Foundation's objectives and policies will be maintained, but to date no basic alteration of bylaws, approaches or goals is contemplated.

(2) The problem of physical expansion requires consideration in two respects. It is apparent that the Edmonton centre is already overtaxed in terms of adequate space to meet the present demand for service. This situation has become particularly acute when viewed in the context of additional planned programming and personnel needs.

During the past year, several methods of providing additional physical facilities have been under review. It has been concluded that expansion on the existing site is the most practical immediate solution, therefore high priority must be assigned to the task of assuring completion of new accommodation. Preliminary discussions concerning methods of construction and financing suggest that the major obstacles to further program development should be considered during 1959.

The second aspect of physical expansion concerns insistent demands for new centres by those areas that are relatively remote from and inaccessible to the Edmonton and Calgary clinics. The need for such facilities is evident, but the obstacles to immediate fulfillment far exceed the mere problems of adequate financial assistance. Capital and operational costs may be overcome with Dominion, Provincial, Municipal and private co-operation. However, staff recruitment, training and supervision require time, planning, accommodation and other prerequisites if service is to be maintained beyond the first blush of community enthusiasm. The Foundation is fully aware of the need for information, referral and treatment activities on a more widespread geographical scale, but immediate plans for the creation of additional fixed centres must be approached with caution.

(3) The quality of services, by whatever standard, is essentially dependent upon the abilities and devotion of staff. Workers with the skills and personal attributes necessary for successful programming in this new and complex field are not readily obtainable. When suitable applicants are located there may not be sufficient funds or the physical facilities to assure immediate employment;or if by good fortune these obstacles are overcome, the pressures of existing activities are such that adequate orientation and special training can only be accomplished with extreme difficulty. Obtaining, training and retaining staff is also subject to the competitive spiral of remuneration, fringe benefits, security and prestige offered by other occupations. In brief, The Foundation's future is intimately bound to the challenge of providing the number and level of personnel necessary to translate planning into accomplishment.

(4) It is inevitable that any reference to administration quality or scope of programming, and the future, must include consideration of budgetary problems.

No alteration of our policy with respect to avoiding a general public appeal for funds is anticipated, in part because of the apparent reticence of many to respond to the growing number of such campaigns, and particularly because of the frequently encountered controversial defense that support should be primarily (or even solely) drawn from beverage alcohol profits. The latter contentious issue is one requiring intensive study and most careful handling as evidenced by the experience of other programs.

Consideration is being given to the development of new or increased support from all levels of government. The past assistance of the Provincial Government must be constantly acknowledged as the very key to the success enjoyed by The Foundation to date. There are, however, further areas of development within which it is hoped that Provincial funds may be forthcoming. Additional support for specific educational, treatment and research projects will be sought through the Federal Governments' grant-in-aid program, while new avenues of assistance may evolve through our affiliation with the Canadian Council on Alcoholism and the National Association of Alcoholism Programs.

Special efforts are to be made to increase support from groups - particularly within business and industry - who may derive immediate practical benefit from Foundation services. Approaches already initiated to corporate philanthropic organizations, and for estate bequests, are to be intensified in view of the favorable reception accorded our exploratory efforts in this area.

TREATMENT SERVICES

(1) No basic alteration in out-patient treatment techniques is anticipated, but changes in emphasis and modification of some procedures may be initiated. As a result of the apparent changing character of patients seeking treatment i.e. the trend of those approaching The Foundation for assistance, to do so at earlier stages in the progression of the illness; and the rising number of 'hidden problems' appearing from higher socio-economic levels of the population - may necessitate a reexamination of the entire rehabilitative approach. It is possible, for example, that group therapy should be more specifically orienta-

ted to the needs of both alcoholic and spouse;or that special counselling and group instruction be organized for mature children from the homes of patients.

In addition, the entire matter of the so called 'skid road' alcoholic must be reassessed. While it has been generally reported that 15% to 20% of the alcoholic population fall within this category, there is increasing evidence to suggest that the proportion may be substantially lower. Whether the changing character of our patients substantiates this belief, or whether new efforts must be made to reach and motivate the socially dehabilitated are questions to be faced in the coming years.

(2) The Foundation's policy and plans with respect to 'residential' facilities for the treatment of alcoholics must be reexamined, particularly in view of current interest concerning the possibility of legislation requiring acceptance of treatment. This approach is already under consideration in Ontario and should not be confused with correctional programs for incarcerated alcoholics.

It is recognized that certain residential units may prove beneficial, not only to the 'homeless man', but to many of those requiring a measure of supervised segregation and treatment midway between the extremes of hospitalization in general or mental units, and incarceration. Charitable and welfare agencies, such as the Salvation Army Hostel, and the Provincial Single Men's Hostel, already extend valuable though limited assistance. A hostel has been established as a 'half-way house' for releasees from the Belmont Rehabilitation Centre. In the spring of 1959, the United Church will open a pilot residential care and guidance centre for those voluntarily seeking constructive aid toward rehabilitation. Whether The Foundation should maintain an advisory or even nominal staff training and treatment role in relation to these agencies,or accept the challenge of providing new and specialized programming, is a matter to be further considered. In any event, additional residential facilities with an integrated program of therapy are highly desirable, particularly in the southern areas of the province.

(3) The increasing demand for treatment services in areas relatively inaccessible to the present centres may be met in part by the provision of mobile units to conduct regularly scheduled 'clinics' in rural districts. Such a travelling team could at best, extend only brief intensive case work and limited follow-up therapy. However,it is entirely possible that arrangements may be made for certain agency personnel already in the field to receive special training in alcoholism and be subsidized to devote specified hours to the treatment of this illness. Around this nucleus, and with the assistance of the mobile unit, it is probable that local physicians, community leaders, members of Alcoholics Anonymous, and others would contribute to a self sustaining program on a smaller though none-the-less effective scale than that offered by The Foundation centres in Edmonton and Calgary.

(4) Future advances in both scope and quality of treatment will depend entirely upon the number of highly qualified workers available. Not only must the problems of recruitment, training and accommodation be overcome, but continued consideration must be given to matters which effect the continuity of employment. Salary scales and those 'fringe benefits' which now form an integral part of most vocations must be reviewed to assure the maintenance of a competitive position. Of even greater importance is the distribution of

daily work loads in such a manner as to allow freedom to pursue the professional journals and other sources of information essential to progressive rather than static abilities. Special funds and adequate time must be arranged to permit attendance at schools, forums, institutes, and conferences where the personal exchange of knowledge and experience will enhance the staff's ability to render maximum public service.

MEDICAL SERVICES

(1) The basic medical treatment program now applied constitutes a minimal level of service for an out-patient clinic. However, the presence of a full time nurse, part time attendance of a physician, and weekly visits by a psychiatric consultant do not allow attainment beyond meeting the most immediate patient needs. If more adequate service is to be provided, and particularly if medical research and educational activity is to be expanded, it will be necessary to make provision for additional professional staff or increased participation by those now employed on a limited part time basis.

(2) It is also evident that greater psychiatric participation in planning and special services will be necessary if, as is now contemplated, orientation and other assistance is to be provided to provincial institutions.

(3) Advanced plans are being recommended for the creation of pilot 'Clinical Training, Treatment and Research Facilities' in conjunction with major teaching hospitals. The essential function of these units will be to provide orientation, training and practical experience to those who encounter problems associated with the in-patient treatment of alcoholics. A concurrent program of research will be conducted in physiology, biochemistry and other areas appropriate to this clinical setting.

In order to attain the two basic objectives of these units, it will of course, be necessary to undertake the in-patient treatment of some alcoholics, thus raising questions concerning The Foundation's general policy in this regard.

We view alcoholism as an illness and legitimate area of medical concern in the fullest sense. It is also our belief that the creation of special segregated wards, or entirely new institutions for alcoholics, will only reinforce the stigma, ostracism and neglect which stems from picturing the alcoholic as physically, mentally and morally dehabilitated: that very special, isolated and even 'punative' treatment is necessary. Maintenance of such attitudes is the very core of ignorance and will tend to drive the problem underground to the detriment of both patient and society. For these reasons, The Foundation has actively sought professional and public acceptance of the alcoholic as one deserving of and responsive to hospitalization without discrimination.

The present proposal that special treatment units be initiated does not constitute a reversal of our basic policy, since the prime emphasis in this project is to be staff training and research.

(4) Emergency hospitalization for alcoholism is seldom required, but when

such situations are encountered there is little difficulty in obtaining admission - if beds are available. The general lack of adequate accomodation in most hospitals and acceptance of new patients on a priority basis is well appreciated, however it is highly recommended that in the expansion of existing institutions, and particularly the construction of new hospitals, consideration should be given to the reservation of beds for alcoholic patients. In relation to this need, special study should be made of the procedures and facilities for the handling of alcoholics under arrest, for each year there is a tragic loss of life resulting from delayed or erroneous diagnosis in police cells.

EDUCATIONAL SERVICES

(1) Such basic educational material as reference resources, patient and collateral contact pamphlets, and audio-visual aids will be maintained, revised and expanded to compliment total Foundation activity. To meet a long recognized need, a regular 'journal' - tentatively titled PROGRESS - will be published, and a 'Digest' of current literature for those with both professional and lay interest in the field will be periodically distributed. Several special projects, including the 'Proceedings of The Second Conference on Alcohol Studies', and 'The Medical-Industrial Forum'; a 'Primer on Alcoholism' with supplements for the medical profession, clergy, correctional workers, employers and other special interest groups, are planned for release in the near future.

(2) In addition to the public relations and general educational activities which are basic to The Foundation's program, increasing emphasis must be placed upon 'advisory services' for special interest groups. Pilot projects in this area have substantiated the need for and enthusiastic reception of orientation courses and seminars designed to assist in the practical application of new approaches to specific alcoholism problems. Personnel officers, teachers, clergy, agency workers and similar groups require guidance to cope with problem drinking situations as they occur and adequate knowledge to make appropriate referrals.

(3) The demand for treatment services in areas far removed from Edmonton and Calgary is in part attributable to pilot educational projects conducted throughout the province. It is clear that the provision of mobile units, for reasons of logic and economy, must engage in both educational and treatment activity, therefore, problems of planning, financing, equipping and staffing such travelling units has been accorded high priority. It is expected that this facet of alcoholism programming will assume significant proportions within the forseeable future.

(4) In September 1960, The Foundation will be privileged to host the annual meeting of the North American Association of Alcoholism Programs at Banff, Alberta. The annual meeting of The Canadian Council on Alcoholism will also be held in conjunction with the convention of the International body. That Alberta is to be so honored is in large measure a reflection of the status attained by The Foundation's program, therefore it is probable that we will be expected to demonstrate continued leadership in the future through the organization of special forums and gatherings for the exchange of knowledge befitting the entire field.

RESEARCH SERVICES

(1) With the successful completion of basic research planning, the prime need is now to obtain funds for staff recruitment, accommodation and project initiation. Support is now being solicited, and to some extent has been assured, from Dominion and Provincial Governments, philanthropic groups, business and industrial interests and private sources. Intensive efforts to locate key research personnel have proven successful, but their engagement is dependent upon adequate physical facilities and budget. Numerous projects have been initiated on a pilot basis, but their completion must await the resolution of all problems affecting the future of the department.

(2) It is intended that studies will be conducted intramurally by The Foundation's research staff and, where necessary, extramurally by specialists acting with Foundation administered grants-in-aid. The latter plan will initially apply to such fields as physiology, biochemistry and others wherein skills, experience and equipment are readily available in university, hospital or institutional settings.

(3) The range of research topics, grouped under broad headings of 'Biological', 'Bio-Social' and 'Social' sciences, is without limit, although the selection of specific subjects for investigation will be so structured as to assure a minimum of duplication with the efforts of other workers. Wherever possible, projects will be correlated in a manner permitting the systematic accumulation of a meaningful body of knowledge. In brief, research will not be fragmentary and obtuse. The primary purpose will be to probe those subjects whose solution may contribute to the fabric of understanding necessary for true progress.

(4) Examples of the integration of research activities with other facets of The Foundation's planned expansion of service may be observed in two high priority projects. The proposed 'Clinical Training, Treatment and Research Units' in conjunction with major teaching hospitals will enable investigators to conduct studies in a controlled environment not otherwise available. The provision of training and practical experience in handling alcoholic patients will remain the prime function of the units, but the opportunity for research is clearly recognized and will be actively pursued. The second project area which will afford opportunities for field studies is the creation of 'Mobile Educational and Treatment Teams'. The number of unanswered problems in rural areas, particularly those within the sphere of Sociology, are such that no possibility of conducting on-the-spot investigation may be overlooked. Therefore, in planning for the travelling units, considerable stress has been placed upon outlining subjects and methods of determining information from the field.

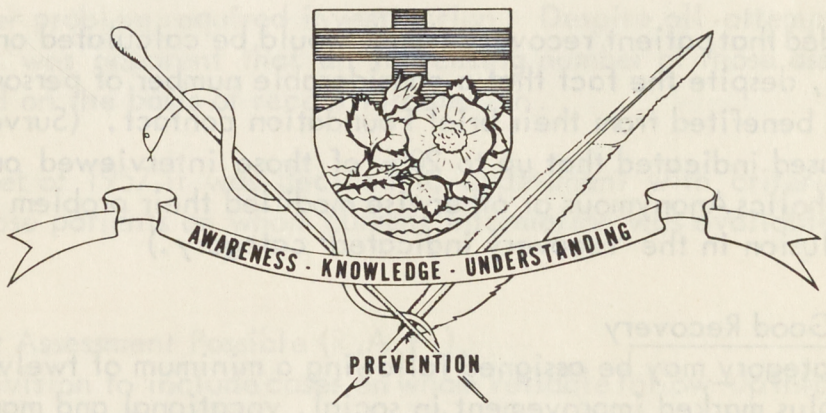
STATISTICAL SUMMARY

OF

ACTIVITIES

JULY 1953 —— DECEMBER 1958

THE ALCOHOLISM FOUNDATION OF ALBERTA



PROGRAM ASSESSMENT

PATIENT RECOVERY TRENDS

Definition of terms and procedures adopted to assess patient response to treatment have been detailed in Appendices to The Foundation's Second and Third Annual Progress Reports. For the benefit of those unfamiliar with the methods employed, the following excerpts review all basic developments in this area of program assessment.

From the inception of The Foundation's out-patient program in July, 1953, it was the practice to establish a file on every known alcoholic, regardless of the source or extent of the information. Since no distinction was made on the basis of actual or prolonged treatment contact, each 'file' was considered a 'case', thereby inflating the apparent caseload and detracting from all assessments of efficiency.

This problem has been satisfactorily resolved by setting forth the following objective criteria to distinguish 'cases' from those less meaningful contacts whose recovery, or continued insobriety, can neither reflect credit upon the treatment program nor detract from it.

a. Enquiries

'Enquiry' status is assigned to problem drinkers known to The Foundation as the result of contact with family, friends, employers and others by interview, correspondence, telephone or other nonpatient contact.

b. Applicants

'Applicant' status is assigned to problem drinkers who have been interviewed by a member of treatment staff at The Foundation or where the interview outside The Foundation is at the patient's request.

c. Cases

'Case' status may be assigned to problem drinkers after a minimum of three reasonably consecutive sober treatment interviews. All patients who have had five reasonably consecutive sober treatment interviews, and have further interviews scheduled, must be assigned case status.

It was decided that patient recovery trends would be calculated on the basis of the response by patients of case status, despite the fact that a considerable number of persons attaining only applicant status were known to have benefited from their brief Foundation contact. (Surveys upon which the adoption of this policy was based indicated that up to 20% of those interviewed on one to three occasions accepted referral to Alcoholics Anonymous or otherwise modified their problem to an extent which would have warranted their inclusion in the 'recovery indicated' category.)

a. Very Good Recovery

This category may be assigned following a minimum of twelve months continuous sobriety plus marked improvement in social, vocational and marital stability.

b. Progressive Recovery

This category may be assigned following a minimum of six months continuous sobriety plus improvement in one or more other area.

c. Partial Recovery

This category may be assigned where drinking has been markedly reduced, and a sincere effort is being made to achieve further reduction in the amount and frequency of consumption providing there is apparent improvement in another area.

d. Unimproved

This category is assigned when the patient fails to persist in treatment and/or is unsuccessful in attaining one of the defined levels of recovery.

e. Other Problems

This category is assigned where the existing treatment facilities and techniques may not be successfully applied by reason of mental abnormality, deterioration or character disorder.

f. Active Cases

This category applies to all new or reopened cases actually undergoing treatment.

It may be fairly argued that 'active' does not constitute a measure of patient response and should therefore be deleted from recovery trend calculations. However, the inclusion of this number in total patients assessed obviates any possibility of inflating the record of accomplishment by maintaining many unimproved or problem cases in 'Active' status.

A daily schedule of staff conference case reviews is maintained for progress classification and re-classification. Upon closing cases, an initial progress category is assigned, and re-classification is made each six months from the date of entry. Close liaison maintained with agencies throughout the province dealing directly or indirectly with alcoholics provides The Foundation with extensive information concerning patient's adjustment. Personal contact is maintained by counsellors wherever possible, and indirect information is recorded from a wide variety of sources.

While the division of intake on the basis of enquiry, applicant or case status, and the adoption of objective criteria for response to treatment, proved to be a practical method of assessing program efficacy, one further problem required investigation. Despite all attempts to maintain follow-up contact with patients, it was apparent that an increasing number of those assigned progress categories could not be re-classified on the basis of recent information.

At the outset of 1957 it was decided to experiment with criteria distinguishing between the progress trends of those patients on whom current information was available and those who had been long out of contact.

a. Recent Assessment Possible (R.A.P.)

This division to include cases on whom reliable follow-up information is recorded within twelve months of the current review date.

b. No Recent Assessment Possible (N.R.A.P.)
This division to include cases on whom no reliable follow-up information is recorded within twelve months of the current review date.

In the event that no recent assessment is possible, the patient's file is no longer routinely reviewed and the last known progress category is considered to apply. At the conclusion of 1957, and again in 1958, a survey of recovery trends by R.A.P. only, and combined R.A.P.-N.R.A.P. divisions was undertaken.

The 1957 survey was based upon a total of approximately 1,000 cases, and over 1,200 cases were examined near the end of 1958. In 1957, 75% of the cases were classfied under R.A.P., and in 1958 the proportion had declined to 65%. Further decreases in this R.A.P. : N.R.A.P. ratio are to be anticipated during the ensuing years, but as is illustrated by the following table, it appears that no significant distortion of the general trend is introduced by the differences in the basis of compilation.

PROGRESS CATEGORY	R.A.P. Only		R.A.P. & N.R.A.P. Combined	
	1957	1958	1957	1958
Very Good	19%	19%	15%	16%
Progressive	12%	10%	12%	10%
Partial	24%	29%	26%	30%
Total Recovery Indicated Group	55%	58%	53%	56%

PROGRESS CATEGORY	R.A.P. Only		R.A.P. & N.R.A.P. Combined	
	1957	1958	1957	1958
Unimproved	24%	24%	29%	30%
Other Problems	7%	6%	7%	7%
Total No Recovery Indicated Group	31%	30%	36%	37%

UNCATEGORIZED	R.A.P. Only		R.A.P. & N.R.A.P. Combined	
	1957	1958	1957	1958
Active Case Load	14%	11%	11%	7%

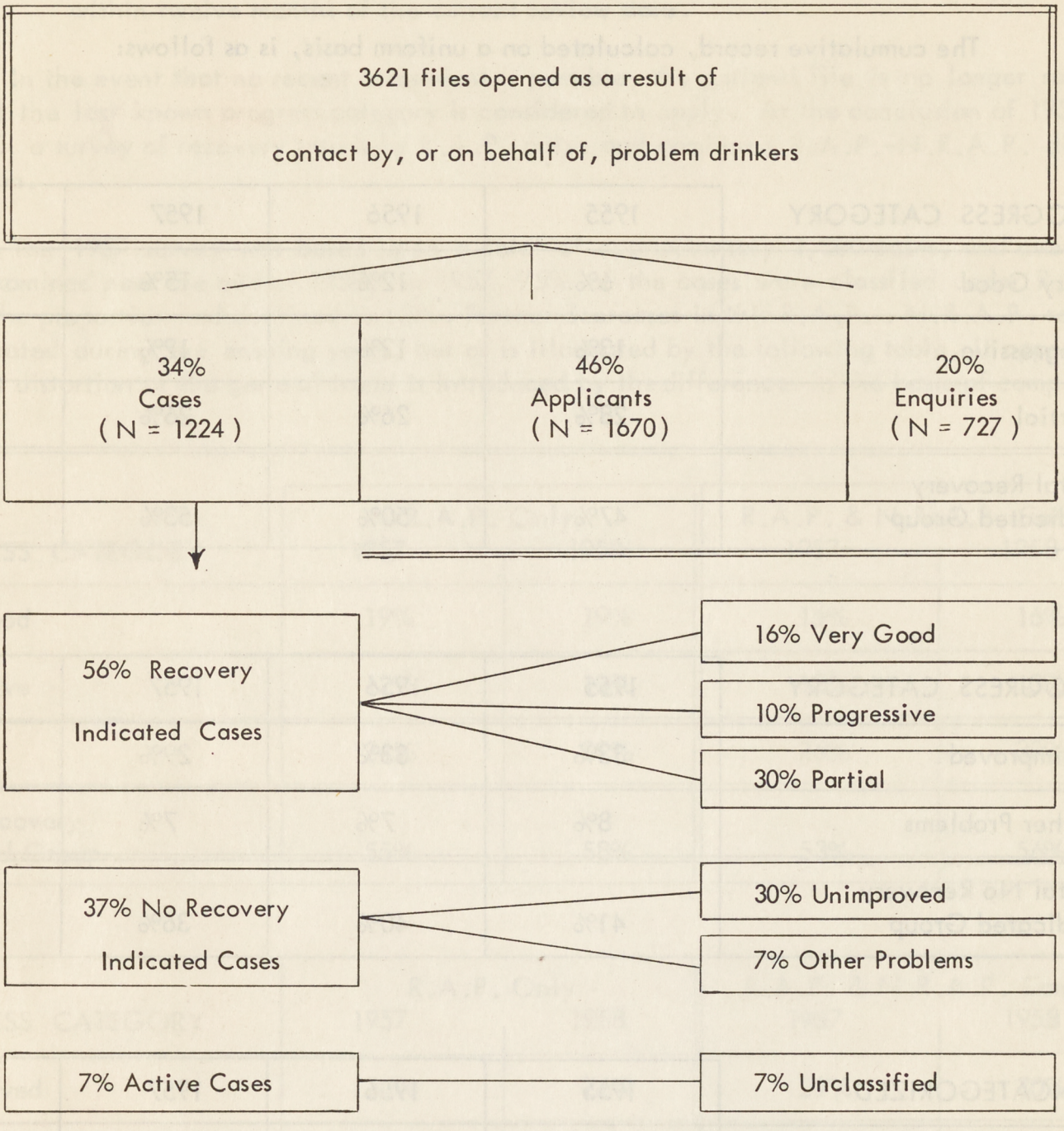
As a result of past experience and the foregoing survey, it has been decided to retain the conservative method of calculating and reporting patient response to treatment.

The cumulative record, calculated on a uniform basis, is as follows:

PROGRESS CATEGORY	1955	1956	1957	1958	1959
Very Good	6%	12%	15%	16%	17%
Progressive	13%	12%	12%	10%	10%
Partial	28%	26%	26%	30%	29%
Total Recovery Indicated Group	47%	50%	53%	56%	56%

PROGRESS CATEGORY	1955	1956	1957	1958	1959
Unimproved	33%	33%	29%	30%	29%
Other Problems	8%	7%	7%	7%	7%
Total No Recovery Indicated Group	41%	40%	36%	37%	36%

UNCATEGORIZED	1955	1956	1957	1958	1959
Active Case Load	12%	10%	11%	7%	8%



	1955	1956	1957	1958	1959
Recovery Indicated	47%	50%	53%	56%	56%
No Recovery Indicated	41%	40%	36%	37%	36%
Active	12%	10%	11%	7%	8%

PATIENT FILE STATUS AND PROGRESS TREND SUMMARY
COMBINED EDMONTON AND CALGARY CENTRES JULY 1953 TO DECEMBER 1958

PROGRAM ASSESSMENT

TREATMENT DEPARTMENT ACTIVITY

Patient recovery trends constitute a basic index of treatment efficiency, but a full appreciation of counsellor activity may best be gained from the following summary.

1959
Ed 2819
cal 1323
Ed + Cal 4142

TOTAL FILES OPENED BY CENTRES AND PERIOD

Total Files Opened	July '53 Dec. '54	Jan. '55 Dec. '55	Jan. '56 Dec. '56	Jan. '57 Dec. '57	Jan. '58 Dec. '58	Total
Edmonton	821/94%	583/64%	460/63%	347/61%	332/62%	2543/70%
Calgary	48/ 6%	330/36%	271/37%	222/39%	207/38%	1078/30%
E/C Combined	869	913	731	569	539	3621

The apparent decline in total files opened in each period since 1955 is not a source of concern. During the first two years of operation, a high proportion of Foundation contacts were by those whose desire was primarily for tangible welfare assistance. Although files were established only when a drinking problem was evident, there can be little doubt that intake was inflated by the attraction of a new and untapped welfare resource. Financial aid, employment service and other types of assistance are still extended, but a more constructive emphasis has been placed upon their use. Initial requests for meals, lodging, clothing and similar relief are met through referral to those community resources specifically established to meet such needs. The Foundation now offers welfare assistance only as a supplement to proven sincerity of motivation.

Since total intake includes non-activated (enquiry) files in which personal counsellor-patient contact has not occurred nor treatment services per se applied, it is of value to note figures which distinguish activated (applicant and case) files from the somewhat more remote and impersonal contacts designated as 'enquiries'.

1959
Ed 592
cal 266
Ed + Cal 858

NON-ACTIVATED (ENQUIRY) FILES, CUMULATIVE, BY CENTRES AND PERIOD

Non-Activated (Enquiry) Files	Dec. 31 1954	Dec. 31 1955	Dec. 31 1956	Dec. 31 1957	Dec. 31 1958
Edmonton Centre	69	199	330	440	522
Calgary Centre	-	61	96	151	205
Total	69	260	426	591	727

cases only — to Dec 31/54
Ed. 903 Cal 503 Total 1406.

1951

Ed 2195
cal 1089
Total 3284

ACTIVATED (APPLICANT AND CASE) FILES, CUMULATIVE, BY CENTRES AND PERIOD

Activated (applicant and case) files	Dec. 31 1954	Dec. 31 1955	Dec. 31 1956	Dec. 31 1957	Dec. 31 1958
Edmonton	752	1,205	1,534	1,771	2,021
Calgary	48	317	553	720	873
Total	800	1,522	2,087	2,491	2,894

Although the major portion of counsellor activity as reported in the following table is expended on behalf of case status patients, no valid estimate may be made of the average service rendered. Patient contact is extremely variable, both as to the duration and intensity of treatment. In some instances active treatment has extended without interruption for more than one year, while over one hundred files are reopened annually following periods of terminated contact. The desirable minimum treatment period is generally viewed as three to four months, entailing approximately twenty-five interviews and attendance at twelve or more group therapy sessions. Every effort is made to encourage concurrent affiliation with Alcoholics Anonymous.

COUNSELLOR ACTIVITY WITH RESPECT TO PATIENTS

Counsellor Activity	1953 1954	1955	1956	1957	1958	Total	
Interviews re patients	7,296	8,399	6,306	5,559	6,295	33,855	58 19
Telephone calls re patients	6,518	5,726	5,404	5,885	5,996	29,529	50 45
Mail re patients	838	2,710	1,681	2,246	1,136	8,611	12 77
Staff consultations re patients	215	772	916	932	893	3,728	8 59
Group Counselling Sessions	237	398	368	345	364	1,712	3 15
Staff Conferences	150	468	483	515	492	2,108	5 09
Staff/Psychiatrist Consultations re Patients	-	71	125	138	110	444	91

The somewhat diminished intake and case load during the latter three years of operation has permitted more adequate counselling for the individual patient. Of particular significance is the development and systematic application of improved group therapy techniques. Visual aids to instruction and discussion have proven of considerable value and are therefore the subject of constant experimentation.

PROGRAM ASSESSMENT

PATIENT DATA TRENDS

From The Foundation's inception it has been the practice to record extensive patient history and other data pertinent to treatment and research. The file folder on which this information is coded for later analysis has undergone three major revisions. Despite numerous refinements and procedural innovations, the following nine basic statistics (extracted from more than fifty separate items available for analysis) provide a concise picture of the patient characteristics encountered since 1953.

SEX	1953 1954	1955	1956	1957	1958	1959
Male	94.1%	92.9%	91.0%	89.1%	90.5%	86.4%
Female	5.9%	7.1%	9.0%	10.9%	9.5%	13.6%

It will be noted that about 10% of patients seeking Foundation treatment are women, whereas it is generally believed that they constitute up to 20% of the alcoholic population. A survey of the male:female intake ratio reported by other comparable programs leads to the conclusion that more extensive educational activity, perhaps modified in context and directed toward new segments of the female population, will reduce the apparent reticence of alcoholic women to seek Foundation assistance.

In reaching this conclusion, a study was made of female response to treatment once Foundation contact had been established. It was, for instance, thought possible that women may have been discouraged from continuing treatment because of some factors associated with the physical environment, reception or initial counselling approach. This possibility may be generally discounted since the proportion of female 'applicants' who persist in treatment to the point of attaining 'case' status exceeds the rate observed for males. It was also considered possible that women were 'more difficult' to treat than men, consequently so few responded favorably to our program that, by example or direct encouragement, they failed to influence others to approach The Foundation. The study revealed that female case status patients have a slightly higher recovery rate than that of males. Thus it appears that the essential difficulty is to induce women alcoholics to seek treatment rather than to modify the service rendered once contact has been established.

MEAN AGE	1953 1954	1955	1956	1957	1958	1959
Male	40.4 yrs.	39.9 yrs.	39.4 yrs.	40.0 yrs.	38.7 yrs.	39.1
Female	36.1 yrs.	37.7 yrs.	38.1 yrs.	40.5 yrs.	39.7 yrs.	38.3

There is a degree of stability to the mean reported age of male patients, and a tendency toward an increasing mean reported age of women seeking treatment. Little significance can be attributed to these observations despite the fact that almost all programs report 'average age' as a basic

statistic. The reliability of reported age is perhaps suspect, but a more pertinent criticism may be directed against the use of the arithmetic mean. For the five year period covered by this report, it may be shown that the median age of patients is at least one year less than the mean, and the modal age about two years less.

Approximately 13% of Foundation patients fall within the age range 15 to 29 years; 70% between 30 and 49 years; and 17% are 50 years or over.

RACE	1953 1954	1955	1956	1957	1958	1959
White	95.0%	96.1%	98.8%	98.3%	97.8%	97.1
Non-White	5.0%	3.9%	1.2%	1.7%	2.2%	2.9

Considerable speculation may arise concerning the very low proportion of 'non-white' alcoholics who seek Foundation treatment. One obvious factor is that less than 5% of Alberta's population is composed of those from oriental, negroid, native indian and metis racial origin. However, problem drinking among the native indian and metis groups is generally thought to be disproportionately high, although the total number or rate has not been adequately investigated. Possible explanations for the low intake of 'non-white' patients include:

(a) geographical isolation from the established treatment centres
(b) lack of awareness of understanding of the illness and the facilities available to deal with the problem
(c) lack of socio-economic-cultural factors which discourage the acceptance of available treatment resources

It would appear that the extent of the problem among different ethnic groups, factors operative in the lack of acceptance of treatment among certain groups, and recommendations for appropriate remedial action should be the subject of thorough research.

RELIGION	1953 1954	1955	1956	1957	1958	1959
Protestant	- -	65.7%	71.8%	75.8%	71.1%	68.7
Catholic	- -	33.6%	27.4%	22.9%	26.3%	28.5
Other	- -	0.7%	0.7%	1.3%	2.6%	2.8

The reported religious affiliation indicates a slightly higher incidence of Catholic patients seeking treatment than might be expected from their proportionate representation in the total population. An implication that alcoholism is less prevalent among those professing the Protestant faith is not warr-

anted on the basis of this observation alone, since it may be just as reasonably concluded that Catholic problem drinkers are more prone to seek treatment. It may be noted that many Protestant denominations require total abstinence, or actively promote voluntary abstinence, as a principle of faith. Concern has been voiced by both clergy and laiety that the incidence of 'hidden problems' in many of these denominations is a subject requiring objective assessment.

MARITAL STATUS	1953 1954	1955	1956	1957	1958	1959
Single	26.4%	25.8%	17.0%	19.5%	15.2%	17.7%
Married	46.1%	43.4%	60.2%	57.1%	66.9%	60.3%
Divorced/Separated	23.2%	27.9%	20.3%	20.4%	16.3%	20.2%
Widowed	4.3%	2.9%	2.5%	3.0%	1.6%	1.8%

Significant trends are apparent in the marital status of alcoholics seeking treatment during the past five years. There has been a general decline in the 'single' and 'divorced/separated' classifications, and a parallel increase in the proportion of patients approaching The Foundation with marriages intact. These trends support casual observations concerning the change in patient characteristics. For example, it has been suggested that the steady increase in the 'recovery indicated' percentage is not solely an index of improved treatment procedures, but reflects changed patient characteristics which assure greater liklihood of favorable response to therapy. Certainly it is known that the 1956 modification of welfare assistance policy reduced the number of insincerely motivated applicants. It may also be fairly assumed that the marital status trends indicate an increased proportion of patients seeking treatment before the onset of complete deterioration of the marriage relationship. That this is a significant factor in the probability of recovery is substantiated by a survey of patients in 'very good' and 'unimproved' progress categories. Only 9% of patients classified as having attained 'very good recovery' were divorced or separated at the time treatment was sought, whereas 27% of the 'unimproved' patients reported broken marriages.

DRINKING HISTORY	1953 1954	1955	1956	1957	1958	1959
Years Drinking	16.0 yrs.	19.4 yrs.	18.9 yrs.	18.6 yrs.	18.9 yrs.	19.3 yr
Years a Problem	6.1 yrs.	7.5 yrs.	7.1 yrs.	8.0 yrs.	8.5 yrs.	8.6 yr

In view of general counsellor opinion that patients are seeking treatment during earlier stages in the development of the illness, the rising mean 'years a problem' trend requires comment. There is little doubt that an increasing proportion of patients are in fact seeking treatment before severe marital, social, vocational and physical deterioration is experienced. Such a trend should reasonably be accompanied by a decline in the number of years during which drinking is reported to have constitu-

ted a problem. Since the contrary is observed, the reliability of the reported data is brought into qu ion. It is possible that the net effect of public education has enabled patients to view their drink in a more objective light and thus identify the onset of the problem at earlier stages. However, a m probable explanation is that the patient's self assessment (which was the sole criterion for 'year problem') is being replaced by counsellors judgement of the fact in terms of the total developmer history.

OCCUPATIONAL CLASSIFICATION (REGULAR)

	1953 1954	1955	1956	1957	1958
Professional Executive/Managerial	18.5%	11.5%	19.7%	20.2%	19.9%
High Skilled	22.9%	18.8%	22.4%	19.5%	20.2%
Semi Skilled	22.9%	26.1%	15.6%	18.8%	20.1%
Sales Clerical	17.1%	16.4%	21.0%	16.8%	16.2%
Agricultural	5.5%	3.6%	3.6%	2.0%	2.2%
General Labour	13.1%	23.6%	17.7%	22.7%	21.4%

Fluctuations in the proportion of individuals seeking treatment according to occupational classification are not considered to be significant. For instance, the low incidence of Professional /Executive/Managerial patients in 1955 is not the result of a decrease in absolute numbers within this category, but rather it is the mechanical product of computing percentages from a base total which included an unusually large number of penal referrals.

The present method of identifying and categorizing patients according to 'occupational classification' has clearly recognized defects. The categories are not homogenous - 'Agricultural' is a descriptive term for a broad occupational area; 'Sales' and 'Clerical' are specific occupations; 'High, Semi, and Unskilled' are a reflection of training and ability; 'Executive' and Managerial' are determined in large measure according to degrees of responsibility, and 'Professional' status is accorded, at least in part, by social convention. Not only are the categories incomparable, but objective criteria by which to make appropriate classifications were inadequate.

Future reports will be confined to judgement of 'vocational levels' in accordance with careful definition of terms. It is appreciated that any system, short of highly detailed job classification,

ORGE STRACHAN
TIVE DIRECTOR

NEWS BULLETIN

NUMBER

The Alcoholism Foundation of Alberta

9910 103RD STREET, EDMONTON, ALBERTA • PHONE 26516

Awareness • Knowledge • Understanding

Occupational Classification from 1959 on will be termed 'Vocational Level.'

New catagories and definitions were introduced in 1959 so this table is not comparable to that reported from 1953-58 (as shown in the five year review.)

1959 Vocational Level (Regular)

Professional	5.3 %
Executive/Managerial	9.0 %
Supervisory	5.3 %
High Skilled	22.9 %
Semi Skilled	34.0 %
Unskilled/Gen Lab	16.0 %
Housewife	7.5 %

will remain subject to error; however it is believed that the policy and procedure to be followed in future years is the best practical compromise in a difficult area of assessment.

Despite the defects in past reporting, it is probable that gross trends observed in the Occupational Classification table are generally valid. Approximately 40% of Foundation patients appear to be drawn from highly competent and responsible segments of the labor force. Conversely, a substantial, though not disproportionate, number of alcoholics seeking treatment are unskilled general laborers. One interpretation of this data is to confirm the fact that problem drinking is not the sole prerogative of the lower socio-economic elements of the population: that the illness effects all levels of society including many individuals capable of making vital contributions to the community.

One category - 'Agricultural' - is known to be relatively free of mechanical distortion and classification error. The low incidence of agricultural workers seeking treatment deserves comment. With approximately 30% of the Alberta labor force employed in this type of work, it would appear that intake from agricultural sources is disproportionately low.

It has been suggested that the rate of rural alcoholism is perhaps less than that found in urban centres. To some extent this is probably correct, but there is sufficient evidence to indicate that problem drinking remains a serious concern beyond the metropolitan limits of Edmonton and Calgary. More pertinent factors in the determination of the low agricultural intake likely include: (a)relative inaccessability to existing treatment facilities; (b) inadequate awareness of the true nature of the disorder and the assistance available.

On the reasonable assumption that the latter factors are significant, plans to institute a mobile educational and treatment team are near completion. Such a travelling unit, in addition to providing basic community services, will have an opportunity to assess many facets of alcoholism which as yet remain unknown.

EMPLOYMENT STATUS	1953 1954	1955	1956	1957	1958	1959
Employed	44.7%	38.2%	59.1%	--	59.9%	59.9
Unemployed	55.3%	61.8%	40.9%	--	40.1%	40.1

The high incidence of unemployed patients seeking treatment in 1953/54 and 1955 reflects both the liberal welfare assistance policy in effect during these years, and The Foundation's active participation in the Belmont Rehabilitation Centre for incarcerated alcoholics.

In 1957, an oversight in revising the patient history file folder resulted in a lack of systematic recording of this data, however the proportions observed in 1956 and 1958 suggest a fairly stable employed:unemployed ratio of 6:4. As a general indication of patient characteristics this gross distinction is adequate, but for research purposes the stability of employment and reasons for unemployment must be assessed.

SOURCE OF REFERRAL	1953 1954	1955	1956	1957	1958
AA	44.4%	28.8%	39.7%	36.5%	26.2%
Publicity	13.7%	9.2%	12.8%	13.8%	15.8%
Personnel	1.1%	1.8%	6.7%	6.0%	6.7%
Medical	9.9%	11.3%	9.4%	15.1%	18.0%
Clergy	2.8%	2.6%	2.2%	2.3%	6.0%
Legal	3.2%	0.8%	1.1%	2.3%	2.7%
Agency	19.9%	31.4%	6.1%	5.8%	9.4%
Friend	3.5%	9.9%	14.4%	11.4%	12.8%
Other	1.4%	4.2%	7.6%	6.8%	2.4%

As in several of the preceding tables, The Foundation's participation in the Belmont Rehabilitation Centre program for incarcerated alcoholics has resulted in a measure of distortion which requires comment. For example, the actual number of referrals from Alcoholics Anonymous in 1955(176) was almost identical to those in 1956 (177), but when represented in per cent of total intake, it is possible to reach quite a different - and erroneous - conclusion.

New standards and definitions introduced in 1959 — Following data and that reported 1953-58 is not comparable.

General publicity — 12.4%
AA — 25.4%
AFA Patient — 19.0%
Employer/Supervisor — 4.7%
Medical — 15.3%
Clergy — 3.4%
Legal — 2.1%
Agency — 14.0%
Penal — 0.5%
Other — 3.2%

PROGRAM ASSESSMENT

EDUCATIONAL SERVICES

ACTIVITIES	1953 1954	1955	1956	1957	1958	Total
Public Talks	115	76	89	122	146	548
Public Talks Attendance	4,822	5,818	4,639	9,502	6,461	31,242
General Literature Distributed	64,382	36,873	28,821	18,243	18,264	166,583
Patient Literature Distributed	2,950	6,729	3,843	2,877	4,410	20,809
Special Notices & Bulletins	23,299	17,200	7,257	1,219	500	49,475 *
Radio & T.V. Programs	63	56	67	4	12	202
Phone, Mail & Interviews Re: Educational Service	2,536	3,921	3,444	1,877	2,481	14,259

* Note new publications contribute to this sudden increase.

Public Talks:

Allowing for the fact that the 1953/54 period includes eighteen months of actual operation, it will be noted that the number of public talks has steadily increased. The gross totals - 548 talks reaching an estimated audience of 31,242 persons - reflect the importance with which this educational activity is viewed; however some observations are necessary concerning the nature of the talks and the type of groups toward whom they have been directed. In many instances these 'talks' should more properly be termed 'seminars' or 'training courses' and future reports will distinguish between general public relations activity and 'advisory services' in which the prime objective is to impart knowledge and skills for actual application to problem drinking situations. The type of group reached by these talks varies from year to year and the annual estimated attendance fluctuates accordingly. For example, in 1957 about 60% of talks were directed toward large assemblies of Alcoholics Anonymous and major segments of the student body in several large composite high schools. In 1958, the same proportion of talks were given to A.A. and school groups, but attendance was reduced by one-half as a result of a deliberate attempt to reach small groups with more specific and intensive lecture content.

From inception to December 1958, public talks have been given to various broad categories in the following proportions:

Alcoholics Anonymous	33%
Medical	25%
Service Clubs	10%
Business & Industry	10%
Church	10%
Education	5%
Other	7%

Literature Distributed:

'General Literature' refers to all booklets, pamphlets and other printed educational media distributed to the public at large, as opposed to similar material selected from open racks by patients or passed directly to them by counsellors. As may be noted, the 'saturation' distribution of general literature in the early developmental period has tended to level off at approximately 18,000 pieces per year in 1957 and 1958.

The 1958 increase in patient literature distributed is probably attributable to the revision of the material itself. Content and cover design have undergone changes which apparently encourage both voluntary selection and counsellor recommendation of pamphlets for the problem drinker.

Special Notices & Bulletins:

During the first two years of The Foundation's operation, an extensive public relations program was conducted through mass circulation of special information releases. In addition, the Conferences and Forums held during 1954, 1955 and 1956 were accompanied by concentrated publicity and follow-up materials. For the past two years this type of 'saturation' approach has been curtailed and greater emphasis placed upon selective distribution.

Radio and Television Programs:

The relatively high number of programs presented during the 1953-1956 period is in part due to the use of taped series, such as "Anyone You Know?", "The Lonesome Road", and others which do not lend themselves to frequent repetition. Until the production or acquisition of new programs of this nature, radio and television appearances must be confined to interviews and panel discussions as a means of stimulating public awareness and understanding of alcoholism. One additional use of audio-visual media has been successfully employed. Late in 1958, the majority of Alberta's radio and television outlets co-operated generously in releasing spot announcements or 'flashettes' concerning the problem and the facilities available for further information.

MEDICAL SERVICES

ACTIVITIES

	1955	1956	1957	1958	1959
Individual Patients Seen	559	600	721	720	629
Doctor/Patient Interviews	674	508	456	456	358
Patient/Nurse Interviews	1,247	1,362	1,425	1,206	851
Physical Examinations	341	248	187	226	216
Separate Issues of Medications	1,706	1,556	1,196	1,162	—*
Patients Hospitalized for alcoholism	35	21	20	16	—*
Consultations with Other Physicians	21	42	35	29	26
Patient/Psychiatrist Interviews	43	67	26	25	6
Staff/Psychiatrist Consultations re Patients	71	125	138	110	91
Laboratory Examinations	349	249	173	119	—*

* eliminated as meaningless

The absence of comparable data for the 1953-54 period, lack of standardization in the definition of terms and considerable fluctuation in policy over the years create difficulty in identifying meaningful trends from available statistics.

Medical services during the first five years have been provided on a flexible exploratory basis, but in view of experience and the growing interest of the profession as a whole it is perhaps advisable to reassess the total medical therapy, treatment counselling and other department relationships. Consideration is being given to a thorough analysis of medical activities by centres, and a review of the integrated role of the physician, nurse and psychiatrist in treatment programming. Any modification of policy, procedure, department growth, and service can only result from careful evaluation of past performance and the challenge of the future.

The Edmonton Centre, which serves as the administrative office for Alberta, is a handsome, centrally located home that offers an atmosphere of quiet dignity.

The care that was manifested in selecting the attractive Calgary Centre is evident in the quiet environ of this home which serves the Southern part of the Province.


WHO ARE OUR
have I a... DRINKING PROBLEM?
This path leads to ALCOHOLISM
AWARENESS KNOWLEDGE UNDERSTANDING PREVENTION
YOU WERE ASKING
PROBLEM DRINKING AND ALBERTA INDUSTRY
The Alcoholism Foundation of Alberta
EDMONTON, ALBERTA
WHAT CAN I DO TO HELP . . . . . ?
A BIBLIOGRAPHY OF SELECT MATERIAL for the MEDICAL PROFESSION
A RESEARCH BRIEF
A prospectus for an Operational Research Programme on Alcohol and Alcoholism in Alberta
Medical Treatment of the Alcohol
The Physiology of Alcohol
Proceedings of FIRST ANNUAL ALBERTA CONFERENCE ON Alcohol Studies
August 30 September 2 1954
Alberta Confere on Alcohol Studi
Medical and Industrial Forum on Alcohol Studies
to be held at THE BANFF SCHOOL OF FINE ARTS AND CONTINUING EDUCATION BANFF, ALBERTA
April 2nd through April 5th, 1956
Co-Sponsored by The Alcoholism Foundation of Alberta and Department of Extension UNIVERSITY OF ALBERTA
First Annual
Second Annual
Third Annual
Fourth Annual
Progress Report
Period: January 1, 1957 December 31, 1957
THE ALCOHOLISM FOUNDATION OF ALBERTA
The Alcoholism Foundation of Alberta
AWARENESS KNOWLEDGE
Alcoholism...
one of Alberta's major health problems . . .
What Is Alcoholism?
Who Are Our Problem Drinkers?
What Can WE Do?
These, and many related questions, will be the subject of
The First Annual Alberta Conference on Alcohol Studies
to be held at the University of Alberta
Edmonton, Alberta
Sponsored by The Alcoholism Foundation of Alberta and The Department of Extension, University of Alberta

FOUNDATION SERVICES

- ADVISORY SERVICES: Professional advice and assistance on the problems of alcoholism.

- AUDIO-VISUAL AIDS: Film, tapes, records and displays are available on loan.

- CONFERENCES & SEMINARS: On alcohol studies to create a better understanding of the problems of alcoholism and methods of dealing with those problems.

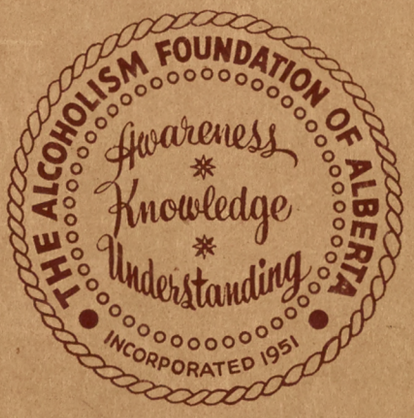
- INDUSTRIAL WORKSHOPS: For the education of management, supervisory staffs and general employees in Alberta industry.

- ORIENTATION PROGRAMS: For nurses, doctors, internes, penal officials, personnel managers, social workers, clergymen, teachers and other groups.

- PUBLICATIONS: Progress, News Review, Foundation Reporter and Digest on Alcohol Studies.

- REFERENCE LIBRARY: Of books, pamphlets and publications by authorities in the field of alcoholism.

- SPEAKERS BUREAU: For professional, industrial, church, social, school, civic and other groups requesting information.



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